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Applicant	Heath et al
Serial No.	09/361,829
Filing Date	July 27, 1999
Group Art Unit	1631
Examiner Name	Jeffrey S. Lundgren
Attorney Docket No.	101.003US01
Title: COMPUTER IMPLEMENTED NUCLEIC ACID ISOLATION METHOD AND APPARATUS	

TECH CENTER 1600/2900  
TRANSMITTAL  
FORM UNDER 37 C.F.R. §1.8  
(LARGE ENTITY)

Commissioner for Patents  
Washington, DC 20231

Enclosures

The following documents are enclosed:

A Supplemental Information Disclosure Statement 1 pg.);

Form 1449 (1 pg.);

Copies of 4 cited references;

A return postcard.

Please charge Deposit Account No. 50137 \$180 for filing of Supplemental Information Disclosure.

Please charge any additional fees or credit any overpayments to Deposit Account No. 501373.

Submitted By					
Name	Daniel J. Polglaze	Reg. No.	39,801	Telephone	(612) 312-2203
Signature				Date	31 July 2001

Customer Number: 27073

Attorneys for Applicant  
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Certificate of Mailing

I certify that this correspondence, and the documents identified above, are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on

Name	Frayda M. Nitschke	Signature	
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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents  
Washington, D.C. 20231

In compliance with 37 C.F.R. §§ 1.56 and 1.97, *et seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified Application. These materials came to the Applicant's attention through foreign examination. Applicant respectfully requests that this Supplemental Information Disclosure Statement be entered and the references listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to MPEP §609, Applicant further requests that the Examiner initial next to each reference on the Form 1449 to indicate that the listed references have been considered. Applicant further requests that a copy of the initialed Form 1449 be returned with the next official communication.

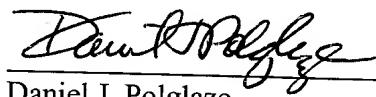
The Commissioner is hereby authorized to charge any fees deemed necessary or credit any overpayment to Deposit Account No. 501373.

The Examiner is invited to contact the Applicant's Representative at the below-listed telephone number if they are any questions regarding this communication.

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Respectfully submitted,

Date: 31 July 2001

  
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Daniel J. Polglaze  
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